Toward the Millennium:

ALCOHOL AND DRUG ABUSE IN SASKATCHEWAN

Alcohol and Drug Abuse Advisory Council (ADAAC)
1999-00 Annual Report

101-06703/

Table of Contents

INTRODUCTION 1

TERMS OF REFERENCE 1

COUNCIL MEMBERSHIP 1

FOSTERING LINKS 2

ISSUES EXAMINED BY ADAAC IN 1999-00 3

SYSTEM UTILIZATION DATA 4

WOMEN'S DAY/EVENING/WEEKEND TREATMENT PROGRAM 5

CONCURRENT DISORDERS 6

POPULATION HEALTH PROMOTION FRAMEWORK 7

PRIORITY AREAS FOR ADAAC IN 2000-01 (WORKPLAN) 8

APPENDIX A - COUNCIL MEMBERSHIP AND BIOGRAPHIES 9

APPENDIX B – PRESENTATION GUIDELINES FOR COMMUNITY INTEREST GROUPS 12

APPENDIX C – SUMMARY OF EXPENDITURES 13

December 2000

The Honourable Judy Junor
Associate Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Ms Junor:

On behalf of the Alcohol and Drug Abuse Advisory Council (ADAAC), I am pleased to present the 1999-00 Annual Report for your consideration.

The title of this report, Toward the Millennium*: Alcohol and Drug Abuse in Saskatchewan*, refers to the Council's continued commitment to working with government, health districts and other stakeholders in the area of alcohol and drug services.

In accordance with ADAAC's Terms of Reference, this report covers activities of Council for the fiscal year ending March 31, 2000. It also includes sections on utilization data, information on alcohol and drug topics of particular interest to Council and proposed priority areas for the 2000-01 year.

Respectfully,

Rick Peters
Chairperson
Alcohol and Drug Abuse Advisory Council

Introduction

This is the sixth annual report of the Alcohol and Drug Abuse Advisory Council (ADAAC) since its inception in 1994. The Council is committed to working in partnership with the government, health districts, other service providers and the community to enhance alcohol and drug services in Saskatchewan.

The annual report addresses issues identified and recommendations made in 1999-00 by the ADAAC. As well, it also addresses broader challenges for government and communities to consider in the area of alcohol and drug abuse.

Terms of Reference

The Alcohol and Drug Abuse Advisory Council was established through Minister's Order in 1994 by the Saskatchewan Minister of Health.

The mandate of the Council is to advise the Minister of Health and Saskatchewan Health's Community Care Branch on alcohol and drug abuse policies, programs and priorities for Saskatchewan. The Council monitors alcohol and other drug abuse trends, identifies emerging issues and reviews provincial progress towards meeting established objectives.

Recommendations are submitted to the Minister either in person or in a written brief format. The Council meets with the Minister of Health at least once per year.

Council Membership

There are currently thirteen members on the Council. These members represent a broad range of geographic areas and perspectives from across the province.

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a chairperson from the members on Council to serve for a one-year term. No person remains in this position for more than three consecutive years. In May 1999, Bob Sims was appointed for a third term as chairperson.

A complete listing of members and biographies can be found in Appendix A of this report.

Fostering Links

Council continues to strive to keep abreast of provincial issues related to alcohol and drug services. During the 1999-00 year, Council had the opportunity to hear educational presentations and/or review materials from the following organizations:

- ***Calder Centre Program*** - Greg Pauli and Blair Buchholz from Calder Centre made presentations on the Calder Centre Adult Program and the Calder Centre Youth Program. In addition, Randy Robinson presented on the Evaluation Project that was underway at Calder Centre early in 2000.

- ***Population Health Branch, Saskatchewan Health*** – Elaine Clarke, Health Promotion Consultant presented on the Population Health promotion framework. Council discussed this framework and discussed implications for alcohol and drug services prevention activities.

- ***Mental Health Advisory Council (MHAC)*** – ADAAC continued to work with MHAC to discuss concurrent disorder issues in 1999-00. A Concurrent Disorder Subcommittee formed from both MHAC and ADAAC continued deliberations and prepared recommendations for the Minister of Health.

- ***Provincial Strategy Team on HIV, BloodBorne Pathogens (BBP) and Intravenous Drug Use (IDU) - HIV/IDU Educational*** – Council continued to receive updates from the Provincial Strategy Team who are due to release their report and recommendations early in 2001.

Issues Examined by ADAAC in 1999-00

Throughout the 1999-00 year, ADAAC deliberated on a number of issues it felt vital for the planning and delivery of alcohol and drug services in Saskatchewan. Many of these issues were identified as priority areas in last year's annual report, while some emerged as Council performed its role through 1999-00.

1. ***Youth Issues*** – For Council, youth issues are a priority in the planning and delivery of alcohol and drug services. Council has continued to explore youth issues, including approaches to prevention and examples of service models.

2. ***First Nations and Metis Treatment Issues*** – The treatment needs of First Nations and Metis peoples were examined in terms of addressing their unique needs. To this end, the importance of connecting with First Nations and Metis leaders and establishing partnerships was emphasized.

3. ***Methadone Maintenance and Harm Reduction Strategies*** – Council supports the continued development of a comprehensive methadone maintenance program in the province. Council recognizes the importance of a comprehensive strategy for delivery of services, including an efficient system of communication among involved service providers. As well, the need for methadone maintenance as a way of preventing IDU client harm from HIV or Hepatitis-C contraction, or increased infection rates for both ailments in general, was strongly underlined in Council deliberations.

4. ***HIV/IDU*** – The interaction between the prevalence of injection drug use (IDU) and cases of HIV are becoming well known. Council has continued to provide feedback to the Provincial Strategy team on HIV, BloodBorne Pathogens and Intravenous Drug Use in regard to their report and recommendations.

5. ***Women's Issues/Gender-Specific Programming*** – Council supports the continued development of a broad-based, accessible network of resources for Saskatchewan women who struggle with substance abuse and addiction. Council has discussed the service needs of women and the importance of supportive and ancillary services to help facilitate participation in the recovery process.

6. ***Concurrent Disorders*** – Council worked closely on a joint subcommittee with the Mental Health Advisory Council (MHAC) to discuss persons who are dually diagnosed (or concurrently disordered) with a mental disorder and substance addiction(s). In 1999-00, the ADAAC/MHAC Concurrent Disorder Subcommittee worked to produce a document concerning provision of treatment and support services to this group. This document, along with recommendations for the Minister of Health, will be submitted in the summer of 2000.

System Utilization Data

In 1999/00, provincial alcohol and drug services received 20,293 admissions for service. The table below provides a summary of admissions by client type for the year 1999/00. The data reported is based on the number of services provided, but does *not* represent discrete or actual clients. The data also does not include those who are afflicted by some form of substance use problem but do not seek treatment.

Admissions to ADS services by client type, 1999/00

YEAR	1999/00
Client Type	Admissions
1. Principal *	17,932
2. Collateral **	1,429
3. Other	914
NR ***	18
Total	20,293

Note: ***All figures are service based.***
Figures include Safe Driving Program clients

* Principal clients are those who receive treatment directly related to his or her own dependency
** Collateral clients are those persons who receive treatment for issues related to someone else's (usually a spouse or family member) dependency
*** NR = not recorded

The types of problems experienced by clients (alcohol, drugs, or both) are shown on the table on the following page. The table shows that the type of problems varies according to client sex, age and ancestry. Male clients were more likely to have problems with alcohol alone (61%) than female clients (47%). Female clients were more likely than males to have problems with drugs alone (13% vs. 7%), and with a combination of alcohol and other drugs (41% vs. 32%).

Problems with alcohol alone increased with age. In the 60 and over age group, 93% of clients had problems only with alcohol. Problems with drugs decreased with age. Problems with a combination of alcohol and other drugs were most common among the younger clients. Sixty-six percent of clients (age 15 and under) had problems with both drugs and alcohol.

A larger proportion of Aboriginal (First Nations and Metis) (41%) than non-Aboriginal (29%) had problems with a combination of alcohol and drugs.

System Utilization Data (continued)

Type of Problem by Sex, Age and Ancestry 1999/00

	Alcohol No.	%	Drugs No.	%	Both No.	%	Total
Sex							
male	7560	61%	889	7%	3965	32%	12414
female	2313	47%	628	13%	2014	41%	4955
Age							
under 15	47	13%	71	20%	233	66%	351
15-19	753	27%	444	16%	1602	57%	2799
20-29	2633	53%	410	8%	1914	39%	4957
30-39	2880	61%	340	7%	1537	32%	4757
40-49	2149	74%	199	7%	565	19%	2913
50-59	946	86%	39	4%	111	10%	1096
60-69	353	93%	7	2%	18	5%	378
70+	105	80%	8	6%	18	14%	131
Ancestry							
Non-Aboriginal	5879	63%	795	8%	2682	29%	9356
Aboriginal	4473	50%	806	9%	3709	41%	8988

Women's Day/Evening/Weekend Treatment Program

The Women's Day Evening Weekend (DEW) treatment program recognises that barriers such as child care, transportation and the lack of a flexible schedule often make it difficult for women with families to receive inpatient alcohol and drug treatment. The DEW program acknowledges the difficulties women face due to these barriers and allows women to become involved in alcohol and drug treatment without enrolment into a 28-day residential treatment setting. The program provides childcare and transportation services as well.

In Prince Albert, the DEW program was first offered early in 2000 with 11 women participating. The program is a 20 day, four hours a day program offering a group setting that lets the women see they are not alone with problems and can find support from the strengths of the group. The program is based on a holistic approach that recognises that women often face many issues concurrently such as depression, relationship violence and substance misuse. The approach of

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the DEW program acknowledges the biopsychosocial model of substance misuse and recognises that recovery needs to take place on several levels. As well, the DEW program is based on current knowledge of effective work with women utilizing an empowerment approach with individual, self-paced learning, skill development and growth.

Prince Albert's program is a co-operative project involving Prince Albert Council for Alcohol and Drug Addictions (PACADA) and Saskatchewan Justice, with support from various other agencies such as Social Services, Metis Addictions Council of Saskatchewan (MACSI), BabySafe, STD clinic, etc.

The Provincial Program Support Unit provides training to health district addictions staff wishing to use the DEW curriculum.

Concurrent Disorders

Concurrent disorders are characterized by a co-existing mental health and substance abuse problem. Concurrent disorders, also called dual diagnoses or comorbid disorders, have shown themselves to be a challenge in the treatment setting. This has resulted in ongoing study by both the mental health and addictions fields in recent decades. A substantial portion of the recent work on concurrent disorders has been focusing on integrated and simultaneous treatment of disorders. Following from this, the ADAAD/MHAC Concurrent Disorder Subcommittee has expressed support for a comprehensive, collaborative, client-centred approach to the provision of integrated treatment and support services for people who have a concurrent diagnosis of a mental health and substance abuse problem.

Features of Integrated Treatment

- ✔ Assertive outreach to engage people in treatment
- ✔ Case management
- ✔ Group interventions (e.g., social skills training)
- ✔ Focus on increasing motivation for treatment
- ✔ Promote a long-term perspective with recognition of the chronic nature of conditions
- ✔ Often use behavioural strategies, work with families and time interventions according to readiness to change

Source: Health Canada. Office of Public Works and Government Services. (1999). *Best Practices: Substance Abuse Treatment and Rehabilitation in Canada.* Ottawa, ON.

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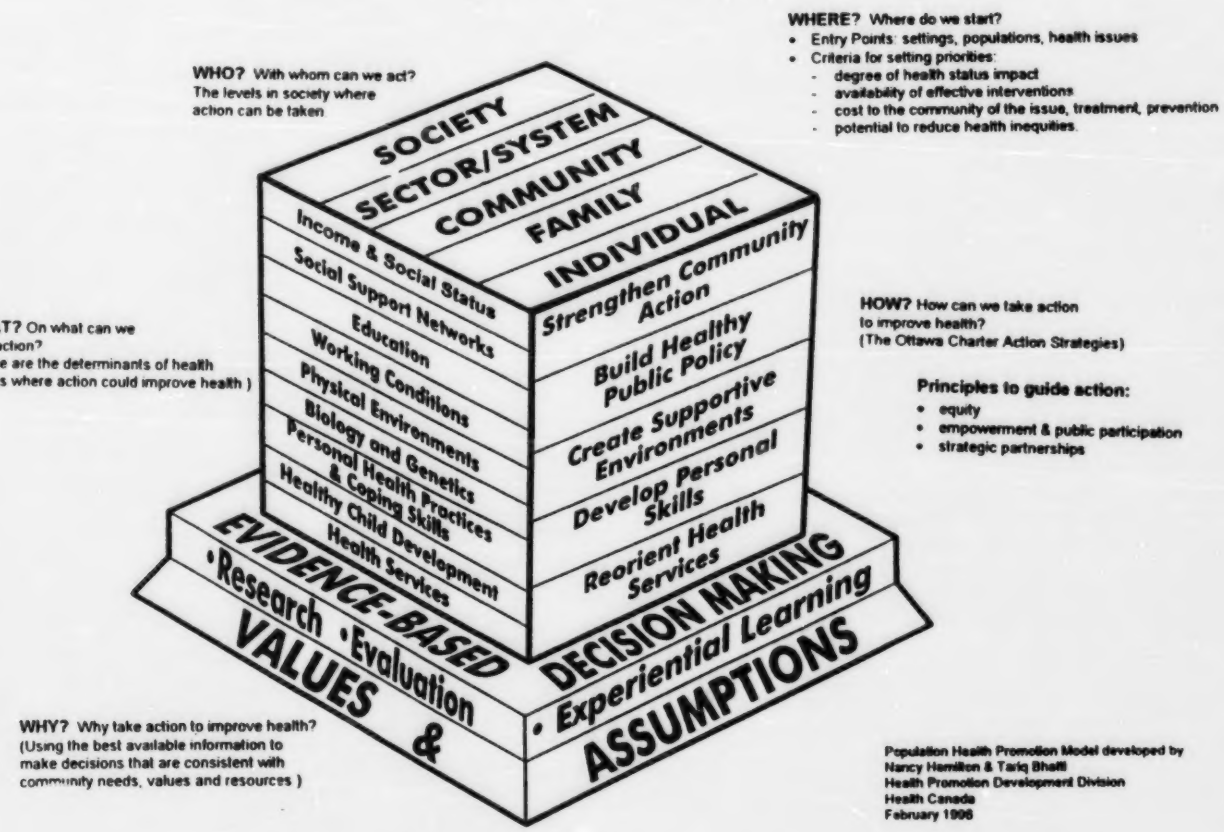
Population Health Promotion Framework

In January 2000, the Council received a presentation from Health Promotion, Population Health Branch, Saskatchewan Health on the use of a socio-environmental *Population Health Promotion* approach. The Bhatti & Hamilton, Population Health Promotion Model (see below) serves as a guide to illustrate the many factors that affect our health and the *Who*, *What*, *How* and *Why* that need to be considered in our work. The impact of environmental factors such as income, education, social supports, the environment we live in, and whether or not we have meaningful employment are recognized to have a powerful effect on health. Population Health Promotion looks at these determinants and guides action to improve the population's health.

A Population Health Promotion Framework for Saskatchewan Health Districts


WHERE? Where do we start?
• Entry Points: settings, populations, health issues
• Criteria for setting priorities:
- degree of health status impact
- availability of effective interventions
- cost to the community of the issue, treatment, prevention
- potential to reduce health inequities.
WHO? With whom can we act?
The levels in society where action can be taken
SOCIETY
SECTOR/SYSTEM
COMMUNITY
FAMILY
INDIVIDUAL
WHAT? On what can we take action?
(These are the determinants of health - areas where action could improve health)
Income & Social Status
Social Support Networks
Education
Working Conditions
Physical Environments
Biology and Genetics
Personal Health Practices & Coping Skills
Healthy Child Development
Health Services
HOW? How can we take action to improve health?
(The Ottawa Charter Action Strategies)
Strengthen Community Action
Build Healthy Public Policy
Create Supportive Environments
Develop Personal Skills
Reorient Health Services
Principles to guide action:
• equity
• empowerment & public participation
• strategic partnerships
EVIDENCE-BASED
• Research • Evaluation
VALUES &
DECISION MAKING
• Experiential Learning
ASSUMPTIONS
WHY? Why take action to improve health?
(Using the best available information to make decisions that are consistent with community needs, values and resources)
Population Health Promotion Model developed by
Nancy Hamilton & Tariq Bhatti
Health Promotion Development Division
Health Canada
February 1998

Priority Areas for ADAAC in 2000-01 (Workplan)

Council has identified a number of priority areas they would like to review in the upcoming year. They include the following:

- **Concurrent Disorders and Treatment Issues**
- **HIV/IDU – Contributing to the work of the provincial strategy team**
- **Treatment Issues for First Nations and Metis peoples**
- **Methadone Maintenance and Harm Reduction Strategies**
- **Youth Treatment Issues**
- **Addiction Treatment Needs of Offenders**
- **Population Health Promotion Framework**

Appendix A - Council Membership and Biographies

Council members for the term 1999-00 are as follows:

Mr. Lem Boyd - Mr. Lem Boyd has been the Executive Director of the Phoenix Residential Society since 1987. He is currently responsible for the operation of a residential dual diagnosis program for persons with a major mental illness and alcohol or drug addiction.

Prior to this position Mr. Boyd was employed for twenty-five years in the human services field and held the position of Regional Director South for the Saskatchewan Alcoholism Commission. He has been involved with the implementation of a number of community programs, including the Impaired Driver Treatment Program at St. Louis Treatment Centre. His academic background includes a Bachelor of Arts in psychology and sociology, Bachelor of Social Work and Master of Social Work.

Dr. Peter Butt - Dr. Peter Butt is currently the Director, Division of Northern Medical Services and Assistant Professor with the Department of Family Medicine at the University of Saskatchewan. Dr. Butt is well informed with respect to alcohol and drug abuse issues. He completed a certified course on Community Addiction and Advanced Counsellor Training from the Nechi Institute on Alcohol and Drug Education. In addition, Dr. Butt has lectured on Alcohol Risk Assessment and Intervention and served as a member on the National Alcohol Risk Assessment and Intervention Task Force of the College of Family Physicians of Canada.

Mr. Angus Campbell, C. M., S.O.M. - Born in 1917 in Swift Current, Mr. Angus Campbell has played a key role in education and rehabilitation in the field of alcohol and drug abuse and has been instrumental in raising public awareness of the problem of chemical dependencies. He began his career in 1955 as the first counsellor in the Saskatchewan Bureau on Alcoholism, doing pioneer work in research and public education on alcohol dependency. In 1959, after graduating from the Yale School of Alcohol Studies, Mr. Campbell became supervisor of the Bureau's first counselling and referral centre in Regina. He also founded the Saskatoon Alcoholism Society, which led to the establishment of the multidiscipline, in-patient Calder Centre. Mr. Campbell was the first director of the centre from 1967 to 1975, designing and administering its programs and helping industry develop alcoholism programs in the workplace. In 1976 the Moose Jaw District Alcoholism Society named their intervention and recovery facility the Angus Campbell Centre in his honour.

From 1975 until retirement in 1983, Mr. Campbell was Director of Community Services with the Alcoholism Commission of Saskatchewan. From 1980 to 1993 he served as Chairperson of the St. Louis Alcoholism Rehabilitation Centre, the first treatment facility in Canada for those convicted of impaired driving. In 1993 Mr. Campbell published a history of Saskatchewan's alcohol rehabilitation efforts called *The Grand Vision*, was awarded the medallion of distinction by the Canadian Centre on Substance Abuse and received the Canada 125 Commemorative Medal. In 1997 he was awarded the Saskatchewan Order of Merit medal. Mr. Campbell was awarded the Order of Canada in 1998.

Ms Erika Cancino - Ms Erika Cancino was the co-founder of Immigrant Women of Saskatchewan (IWS) in 1984 and has been the Provincial Co-ordinator of IWS since 1989. In

this capacity she has experience working with immigrant communities on issues of family violence, alcohol and drug abuse and family stress. Ms Cancino is an advocate for the special issues and needs of immigrants, refugees and visible minorities.

Mr. Phillip Durocher - Mr. Phillip Durocher is currently the Executive Director of the Ile-A-La-Crosse Friendship Centre. He is Vice-chair for the Aboriginal Friendship Centres of Saskatchewan, Vice-chair to the National Aboriginal Headstart Committee and a member of the Keewatin Yathe District Health Board. Mr. Durocher has a strong understanding of Aboriginal culture, values and traditions and has experience in management of community-based programs, financial management, program development and evaluation.

Mr. Christopher Mackintosh - Mr. Christopher Mackintosh is an instructor for the Chemical Dependency Worker Program at Woodland Institute/SIAST in Prince Albert. He provides a post-secondary education field perspective to the Advisory Council. Mr. Mackintosh has previous board and advisory group experience, has worked in the addiction field and has experience in educational program development.

Ms Sheri McConnell - Ms Sheri McConnell is currently a member of the Women's Interagency Partnership Project, a Saskatoon-based group addressing women and substance use. A graduate of the University of Regina Alcohol and Chemical Dependency Program, she is well known for her feminist version of the Twelve Steps. Ms McConnell is currently employed by the Saskatoon District Health - Adult Community Mental Health Services where she works with adult female survivors of child sexual abuse.

Ms Dianne Nielsen - Ms Dianne Nielsen is currently the Executive Director of the Prince Albert Council on Alcohol and Drug Abuse (PACADA), an evening instructor with the Chemical Dependency Program at SIAST and an evening instructor for Social Work with the University of Regina. Her past experience includes working as a substance abuse counsellor with federal correctional centres. She has considerable experience working with a board of directors (PACADA) and is currently an Advisory Board Member with the Chemical Dependency Program at SIAST. Her academic background includes a Bachelor of Social Work, Alcohol and Chemical Dependency Studies Certificate and Certificate in Reality Therapy.

Mr. Greg Pauli - Mr. Greg Pauli is currently the Manager of Adult Programs with the Calder Treatment Centre. His past experiences include being an Outpatient Addictions Counsellor for the Greenhead Health District, resource person for the Provincial Program Support Unit, working with youth as a Substance Abuse Counsellor at the Whitespruce Youth Treatment Centre and is past Chairperson of the Saskatchewan Association of Chemical Dependency Workers.
Mr. Pauli's academic background includes a Bachelor of Arts Advanced in Sociology and Youth Care Worker Certificate.

Mr. Richard Peters - Mr. Peters is currently the Co-ordinator of Addiction Services for the North Central Health District and is responsible for alcohol and drug services, gambling counselling and tobacco demand reduction programs. He is also a member of the Provincial Alcohol and Drug Working Group. Prior to his employment with the Health District, Mr. Peters was the Director of the Addiction Counselling Unit at the Melfort Hospital.

Ms Lori Postnikoff - Ms Lori Postnikoff is currently a Drug and Medical Device Inspector with the Therapeutic Products Program of the Health Protection Branch, Health Canada. She is responsible for administering, interpreting and enforcing the Controlled Drugs and Substance Act, the Food and Drug Act and regulations pertaining to drugs and medical devices.

In 1994-95, Ms Postnikoff was a member of the Saskatchewan Alcohol and Drug Abuse Council Harm Reduction Partnership and assisted with drafting new methadone guidelines for Saskatchewan. She has worked closely with the Saskatoon City Police and the Saskatchewan RCMP to identify trends in the prescribing of prescription drug products and the channelling of prescription drug products to the illicit drug market. Her academic background includes a Bachelor of Science in Pharmacy. In addition, Ms Postnikoff was involved in submitting a position paper on Ritalin.

Ms Marion Rieger - Ms Marion Rieger has over twenty years experience in the helping profession and has worked in the substance abuse field for over seventeen years in a staff and professional development capacity. She has been the Executive Director with the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) since 1995. Prior to her position with RPNAS, Ms Rieger was an Education and Extension Co-ordinator with the provincial government and SADAC. Ms Rieger's academic background includes a Bachelor of Arts, Registered Psychiatric Nurse, Reality Therapy Certificate and Master of Education in Educational Psychology.

Mr. Bob Sims, Chairperson - Mr. Sims has worked in the crisis intervention field for twenty years and is currently the Executive Director of the Saskatoon Crisis Intervention Services (SCIS). In this capacity he continues to be exposed to the effects, impact and outcomes of drug and alcohol abuse on recipients of services from the SCIS.

Over the years Mr. Sims has been actively involved with many community boards and committees and has been instrumental in both developing and evaluating community services across the province. Currently, he is a member of the Saskatoon Child Centre Board and President of the Canadian Association for Suicide Prevention. His academic background includes a Bachelor of Arts in Psychology.

Appendix B – Presentation Guidelines for Community Interest Groups

Requests may be made to ADAAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations provide an opportunity for interest groups and individuals to bring issues before the Council and for the Council to receive information/education regarding specific issues.

Written Presentations:

1. Send your written request and presentation outline to:

   Pat Inglis
   Saskatchewan Health
   Community Care Branch
   3475 Albert Street
   Regina, Saskatchewan
   S4S 6X6

   Telephone: (306) 787-7901
   Fax: (306) 787-7095

2. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.

3. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters' involvement with the issue, and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations:

1. As in Written Presentations #1.

2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council, and allow ten (10) minutes for questions, for a total of twenty (20) minutes.

Appendix C – Summary of Expenditures

Honorarium	$ 6,993	$ 5,495	$ 5,143
Other Costs (e.g. travel/sustenance/meetings)	7,595	7,301	6,737
Out-of-Province Conferences	---	---	---
Facilitator/Consultant Fees	---	---	1,509
Total Expenses	$14,588	$12,796	$13,389

Appendix C – Summary of Expenditures

	1997-98	1998-99	1999-00
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